										Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10722954					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN	1111Y	OR	OTHER		
TOTAL CLAIMS .			34					RATE FEE		FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUM	BER EXTRA		BASIC F	ΈE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			34 minus 20=		•	14		XS 9=			ОЯ	X\$18=	252	
INDEPENDENT CLAIMS			minus 3 =		*	7	×				OR	X86=	172	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT						一				1/6	
+ 16	the difference	in column 1 is	less than z	ess than zero, enter "0" in column-2				+145=			OR	+290=	1:01:	
									r [OR	TOTAL	1194	
(Column 1) (Column 2) (Column 3)								SMAL	LE	NTITY	OR	OTHER SMALL		
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO	EST BER JUSLY	PRESENT EXTRA		RATE	•	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 9	Minus	- 3	54	. —		X\$ 9=			OR	X\$18=		
ME	Independent	. 3	Minus	F	5	• _	,iv	X43=	1		OR	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.4.45	+			.000		
alalas							L	+145=			OR	+290= TOTAL		
		40.1			111	<i>,</i>	A	DOIT. FE			OR,	NODIT. FEE		
		(Column 1) CLAIMS	T	(Colum		(Column 3)	1 6		_	4001	•		4001	
AMENDMENT B	· · · · · · · · · · · · · · · · · · ·	REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	•	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 9	Minus	- 3	9	2		X\$ 9=			OR	X\$18=		
	Independent	• 3	Minus	5	5	·	IT	X43=	T		OR	X86=		
٢	FIRST PRESE	ENDENI	CLAIM	ساط	' [+145=	T		OR	+290=				
•						•	L	TOTA	+			TOTAL		
					-		A	DDIT. FEI	EL		On ,	DOM. FEEL		
	.	(Column 1)	-	(Colum		(Column 3)	ı		_					
31		REMAINING AFTER AMENDMENT		PREVIOUS PAID F	USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		•		X\$ 9=			OR	X\$18=		
	Independent	•	Minus	*** .		•		X43-	T		OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			+145=	T					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									1	_	DR [+290= TOTAL		
- 11	the "Highest Nur	nber Previously Pai mber Previously Pa	d For IN THIS	SPACE IS	less that	20, enter "20."	AC	TOTAL XOIT. FEE			OR A	DOTT. FEE		
		ber Previously Paid					r foun	d in the a	ppro	priate box	in colu	mn 1.		